



PROGRAM UPDATE SEPTEMBER 2006

The information contained in this document was current at the time of printing, but is subject to change.

ENROLLMENT

September enrollment in the subsidized program is **99,856**.

Reminder: When submitting an application and required documents, please **either** mail **or** fax everything. Doing both will hold up the application process.

OPEN ENROLLMENT

This year's open enrollment runs from October 9 through November 3. Members will get information on their health plan choices for 2007 or, in some cases, their health plan assignment. This is also the time to enroll family members on their account. Open enrollment notices will be mailed in early October. Be sure Basic Health (BH) has current addresses for your clients so they will receive the information on time. You can fax address updates to 360-923-2610.

There are a few changes for 2007. In most cases, these changes mean better coverage. Please remember that these services still have to be approved by the member's health plan in order to be covered.

- Oxygen will be covered with no copay or coinsurance required.
- Durable medical equipment and supplies (things such as C-PAP machines, ostomy supplies, and crutches) will be covered as follows:
 - \$25 copay for outpatient supplies (those used in the home for medical treatment).
 - \$500 maximum benefit per member per year for outpatient supplies.
 - Inpatient durable medical equipment (used while in the hospital or medical facility) continues to be covered in full.
- Inpatient and outpatient physical therapy, occupational therapy, and chiropractic will be covered, up to a combined maximum of 12 visits per year. (Of the 12 visits, no more than six can be for chiropractic care.) These visits qualify for coverage only when used as post-operative treatment for reconstructive joint surgery - such as hip or knee replacement - when received within one year following surgery.
- Coverage for sleep studies will be limited to one per member per year.

OPERATIONS UPDATE

Basic Health operations have been dedicated to internal performance improvement as part of our state's Government Management Accountability and Performance (GMAP) initiatives. Basic Health, as part of the Health Care Authority, has established five key objectives:

- Make cost-effective, high-quality benefits accessible to all enrollees
- Provide excellent service to all customers
- Reduce the rate of growth in health care costs
- Improve, simplify, and streamline operational efficiencies across all divisions
- Promote a performance-based culture of mutual respect, open communication, accountability, and employee development

We recently hired 22 new Health Insurance Benefits Specialists. They are currently in training, but we are already seeing the positive affects as they are already processing applications. The group is scheduled to be through their training phase by the end of November, but will continue to work with mentors until they are fully trained next spring. We have not yet met our performance goals, but the additional staff should help us reach our goals. The average document turnaround time reached 31.5 days at its peak, but that was reduced to an average of 24 days in August. We continue to use overtime to catch up with the backlog, which

has been drastically decreased due to a combination of overtime, trainees working on account adjustments, and a decrease in the number of recertifications over the past two cycles. The telephone service level from June through August was 53.7% of calls answered within 60 seconds. Once the trainees are incorporated into the phone schedule, we expect to hit our targeted service level of 80%. We are creating a workforce scheduling team to better align staffing needs to forecasted call demands.

During the last session, Basic Health was given 6,500 additional “slots.” We have begun allowing enrollment to build to a capacity of 106,500 members by the end of the year.

MANAGED ENROLLMENT UPDATE

Basic Health is currently accepting applications under a managed enrollment environment. Depending on a number of variables -- such as complete submission of required documents, the date documents are received relative to cutoff dates, and the number of members disenrolled from the program -- new enrollment may be delayed a month or more. Applicants will be notified and given instructions when space is available. For those who apply through a sponsoring organization, Basic Health will bill the sponsor when space is available.

Basic Health's Web site (<http://www.basicealth.hca.wa.gov/status.shtml>) shows recent application processing dates. This information is updated about twice each month.

WEB SITE AND SELF-SERVICE LINE

Visit www.basicealth.hca.wa.gov, and click on e-Coverage, to:

- Check member enrollment information.
- Verify member health plan.
- Verify member premium amount.

Call Basic Health's 24-hour self-service line (1-800-842-7712) to:

- Request forms to report changes.
- Verify enrollment status.
- Check to see if Basic Health has received documents or information.